

This form must be returned in a sealed envelope when hand delivered by the **advanced registered nurse** applicant.

## SUPERVISED PRACTICE FORM TO BE COMPLETED BY SUPERVISOR

### TO SUPERVISOR:

This form must be completed if you are supervising an applicant for licensure as an advanced registered nurse or a graduate advanced registered nurse. In accordance with Section 5711.9 (Nurse Anesthetists), Section 5811.9 (Nurse Midwives), and Section 5911.9 (Nurse Practitioners), a supervisor *shall be* fully responsible for the practice by an applicant during the period of supervision and *shall be* subject to disciplinary action by the Board for any violation of the Act by the applicant. The advanced registered nurse applicant can work under supervised practice for ninety (90) days from the date of initial employment. The graduate advanced registered nurse may practice for no more than twelve (12) months from the date of graduation from a post secondary program accepted by the Board.

Your name (*Please Print Clearly*): \_\_\_\_\_

Advanced Nurse Specialty: \_\_\_\_\_

D.C. Certification No: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

*Please Print*

Location of Supervision: \_\_\_\_\_

Please give brief description of the applicant's duties and responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

Was this nurse hired through a nursing agency? \_\_\_\_\_

If yes, please give the name and address of this agency:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Supervisor*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Date*

### FOR OFFICE USE ONLY

Date Application Submitted: \_\_\_\_\_, \_\_\_\_\_

Date Supervision Will End: \_\_\_\_\_, \_\_\_\_\_

Date of Board Review: \_\_\_\_\_, \_\_\_\_\_

Board Action: \_\_\_\_\_

cc: Health Services Division  
Service Facility Regulation Administration (SFRA)